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ABSTRACT

The psychological reaction of children to wartime stress has been studied at some length but with equivocal results. To compare the reactions of 52 Armenian children who had experienced the 1975-1977 Lebanese Civil War in Beirut with the reactions of 39 Armenian children who did not experience the war, the children participated in structured interviews. The interview content included stress symptoms, personal attribute preferences, dream content, and sentence completions. An analysis of the results showed that the stress group more frequently reported sweaty palms, fatigue, and feelings of loneliness and sadness. However, they less frequently reported bad dreams, quarrels, suspicions of whispers, belief that other children were happier, and being secretive about their fears. The stress and no-stress groups did not differ in reporting many pathological symptoms such as shortness of breath, sleeplessness, headaches, nervousness, fear of blood, fear of the dark, sense of boredom, helplessness, and being misunderstood. Furthermore, they also did not differ in the mean total endorsement of symptoms. The war stressed group manifested higher incidence of covert "fight" or "flight" reactions. These were taken as possible adaptive coping strategies that may help fend off the debilitating effect of the war stress. (BL)

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Reaction of Armenian Children to Wartime Stress in Lebanon

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Abstract

The psychological reactions of 52 Armenian children who had experienced the recent Lebanese civil war in the city of Beirut were compared with those of 39 Armenian children who did not experience the civil war because they lived in a village away from the city. There were some differences between the groups but on the whole the no-stress group did not indicate severe pathology. Furthermore, the war stressed group manifested higher incidence of covert "fight" or "flight" reactions. These were taken as possible adaptive coping strategies that may help fend off the debilitating effect of the war stress. Alternative explanations for the absence of pathology were discussed.

Reaction of Armenian Children to

Wartime Stress in Lebanon

The psychological reaction of children to wartime stress has been studied at some length but with equivocal results. Some observational data have reported short-term psychological effects such as apathy, reactive repression, startle reactions and terror states (Dunsdon, 1941; Brander, 1943). Certain long-term effects have also been reported such as development of schizoid personalities and depressive neurosis (Winkler, Ruppell, & Hau, 1967), identity conflicts, disorientation and fear of professional failure (Roskamp, 1969), increased tendency towards delinquency (Rose, 1968), and group narcissism (Volkan, 1979). Certain studies, however, report anxiety, panic and chronic disturbance following air raids as being rare (Bordman, 1944; Despert, 1942; Freud & Burlingham, 1942; Solomon, 1942). In cases when anxiety symptoms such as bed wetting and nervousness have been present they have been largely attributed to over-anxious reactions of parents (Freud and Burlingham, 1944; Janis, 1951). Recently, Ziv and Israeli (1973) reported lack of differences in the manifest anxiety level of children living in shelled and unshelled kibbutzim in Israel. The relative absence of pathological symptoms in children under wartime stress was explained by the possible presence of active coping processes such as locale patriotism, covert aggression and greater admiration of "courage" (Ziv, Kruglanski, & Shulman, 1974).

The present study explored the reactions and the coping strategies of Lebanese-Armenian children who experienced the Lebanese civil war of 1975-1977.

It was conducted during a 6 week period in the Spring of 1978 when intermitent fighting had restarted after about a year of relative calm. This time it was between the Syrian army and the Christian militia.

Altogether 46 male and 41 female Lebanese-Armenian children participated in the study. Of these, 52 were residents of Beirut who directly experienced and were experiencing the threat of shelling and the violence of the civil war (henceforth the stress group). The 35 were from small (population 3,000) all-Armenian village of Ainjar, 30 miles away in the Bekaa Valley, who did not experience the war (henceforth the no-stress group). The children's ages ranged from 9 to 12 with a mean of 10.4 for the stress group and 10.7 for the no-stress group. The Beirut children were sampled geographically from different parts of the war-ravaged city. The Ainjar sample was picked from households selected randomly.

The interviews were conducted in Armenian by 4 trained senior psychology students at the homes of the children with the consent of their parents. The parents were not present during the interview. The interview was structured and included the following components: (a) Demographic information; (b) A list of 23 items of stress symptoms pertaining to fears, physical complaints, conflicts, as well as items from the children's form of the Manifest Anxiety Scale (Castaneda, McCandless, and Palermo, 1956); (c) A personal attribute preference; (d) The content of preferred dreams; and (e) Several sentence completions.

To determine the presence of differential stress symptoms in the groups,

the proportion of endorsements for each of the 23 items were assessed in each group and then compared.

Altogether, there were eight significant differences. The stress group reported more frequent sweaty palms, fatigue, and feelings of loneliness and sadness. However, they reported less frequently bad dreams, quarrels, suspicions of whispers, belief that other children were happier, and being secretive about their fears. The stress and no-stress groups did not differ in reporting many pathological symptoms such as shortness of breath, sleeplessness, head aches, nervousness, fear of blood, fear of the dark, sense of boredom, helplessness and being misunderstood. Furthermore, they also did not differ in the mean total endorsement of symptoms, the group means being 9.52 (SD=3.5) and 9.49 (SD=3.5), respectively.

The presence of coping reactions in terms of covert "flight" and aggression was derived from the content of their preferred dreams and sentence completions: "I wish I could..." and "If I had a gun...". Since the preferred dream content and the first incomplete sentence dealt essentially with wishful thinking, the responses were ordered in the same six categories and their frequencies combined for each group. The chi-square analysis indicated the differential distribution of theme frequencies in the two groups ($\underline{\chi}^2 = 44.96$, $\underline{df} = 6$, $\underline{p} < .001$, $\underline{C} = .48$). While the no-stress group was significantly higher on the theme of "freeing Armenians from the Turks", the stress group was higher on themes of "travel", "abandoning the place of residence" and "having a good time". Themes of fighting against or killing the enemy were not prominent and did not

differentiate the groups. Completions of the sentence, "If I had a gun..." were ordered in four categories. A significant chi-square ($\underline{X}^2 = 22.47$, $\underline{df} = 3$, $\underline{p} < .001$, $\underline{C} = .45$) indicated differential frequency of themes in the stress and no-stress groups. The theme of "freeing Armenia" was again prominent in the no-stress group. In the stress group the theme of "fighting" and "self-defense" was more dominant.

From the attributes,"a good student", "helper", "athlete", and "courageous", the children were asked to choose the one most true of their best friend and then the one most true of themselves. The chi-square of the combined response conditions was not significant, indicating absence of differential endorsement of the attributes by the groups. Interestingly, however, the attribute of "helper" was most preferred in both groups and "courage" the least.

Taken together, the data indicate that children in the stress and no-stress groups differ in their reactions in several ways. Concerning the presence of stress symptoms, there were some differences between the groups but on the whole the stress group did not indicate severe pathology. In fact, they endorsed considerably less a number of pathological reactions and equally frequently a number of others. Furthermore, covert reactions of avoidance and aggression were found to be more prominent themes among the war stressed children, which may reflect the covert adaptive strategy of "fight" or "flight" (Cannon, 1932; Lazarus & Avrill, 1972).

It seems that the absence of severe pathology and covert manifestations of the "fight" or "flight" reactions are coextensive among the war stressed children.

Whether the absence of pathology may be accounted for by the presence of these coping strategies is still an open question. To partially test this possibility, the total number of symptoms reported by stressed subjects who manifested one or both of the adaptive reactions was compared to those who failed to manifest either. The argument is that the failure to manifest these reactions would amount to the inappropriate response of "freezing" in a threatening situation and result in more stress symptoms. The mean total number of symptoms reported by those manifesting the coping strategies and those who failed to do so were 9.29 (SD = 3.1) and 9.14 (SD = 3.8), respectively, which were not different. The failure to demonstrate differences here does not necessarily negate the possibility of causative relationship between absence of pathology and the use of coping strategies. It is entirely possible that coping strategies other than the two emphasized here are involved, or that other processes may be responsible for the fending off of pathological reactions under conditions of wartime stress.

One alternative explanation of the absence of pathology might involve Helson's (1964) adaptation level theory. When shelling and sniping become part of the day to day life of the children, they gradually become less sensitive to the threat. Another possibility might involve the mitigation of the threat of injury by mutual support ("helper") and the incorporation of effective protective strategies in daily living, such as availability of shelters, and constant presence of caring adults (Mechanic, 1962; Vistosky, Hamburg, Goss, & Lebovits, 1961).

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